



***Request for access to Department of Agriculture, Food and the Marine
National Veterinary Prescription System, NVPS user***

To be completed by the applicant

Please complete section 1 of this form and return by email to nvps@agriculture.gov.ie or by post to NVPS, Veterinary Medicines, Dept of Agriculture, Backweston Campus, Celbridge, Co Kildare, W23X3PH

Section 1 - Applicant Details

*Forename: _____
*Surname: _____
*PPS & *D.O.B. _____
*Company / Practice Name: _____
*Role in Company / Practice: _____
*Address 1: _____
*Address 2: _____
*Address 3: _____
*Eircode: _____
*Office Mobile Phone No: _____
*Office Phone No: _____
*Company / Practice Email Address: _____

** These are mandatory requirements*

Role (Please tick one)

- | | | | |
|--|--------------------------|---------------------------------|--------------------------|
| 1. Veterinary Practitioner | <input type="checkbox"/> | 2. PVP Office Administrator | <input type="checkbox"/> |
| 3. Dispenser – Pharmacy | <input type="checkbox"/> | 4. Dispenser – Locum Pharmacist | <input type="checkbox"/> |
| 5. Dispenser – Licenced Retailer/ Med feed/Fish Operator | | | <input type="checkbox"/> |

Please provide the following if known

VCI Number _____
AGR Number _____
LM Licence _____
Med Feed Licence Number _____
PSI Pharmacy Registration Number _____
Pharmacist Registration Number _____

Applicant's declaration

I hereby apply for access to the National Veterinary Prescription System (NVPS).

I acknowledge that the data to which I will have access through NVPS is confidential and is covered by the Data Protection Acts 1998 and 2003. I understand that this information is made available to me for the purposes of the Department's reporting on antibiotic usage under the regulation 2019/6 Article 105

I undertake to use the information solely for the purposes for which it is intended and not to disclose it to third parties.

Please register my details as above.

Signed: _____ **Date:** _____



To be completed by the NVPS HEO

Please complete section 2 of this form and forward it to the designated Authoriser in the NVPS area

Section 2 - Section HEO Approval

I _____ in NVPS Dept. approve this applicant's request for access to the NVPS system.

I CONFIRM THAT THE FORENAME, SURNAME, PPS NUMBER, VET CODE AND ADDRESS SHOWN AGREE WITH THE DETAILS RECORDED ON CCS.

NOTE: Please attach screen prints from CCS to confirm the above details i.e., Customer Details and Business Details screens. Addresses (Customer & Business customer)

Signed: _____

Date: _____

To be completed by the NVPS Authoriser

Please complete section 3 of this form and forward it to the IT Security Unit

Section 3 - Role Assignment

Please assign the NVPS User or NVPS Office Administrator role to this applicant. (Delete as appropriate)

I confirm that NVPS have not received a previous application in this person's name.

Signed: _____

Date: _____